
ADULT AIRWAY OBSTRUCTION

FIELD ASSESSMENT/TREATMENT INDICATORS

Universal sign of distress
Alteration in respiratory effort
Altered level of consciousness

BLS INTERVENTION - RESPONSIVE

1. Assess for ability to speak or cough (e.g. "Are you choking?")
2. If unable to speak, administer abdominal thrusts/Heimlich maneuver or chest thrusts for pregnant or obese patients until the obstruction is relieved or patient becomes unconscious.
3. After obstruction is relieved, reassess and maintain ABC's
4. Administer oxygen, if capable obtain O₂ saturation, per Protocol Reference #4036 Pulse Oximetry.
5. If responsive, place in position of comfort. If uninjured but unresponsive with adequate respirations and pulse, place on side in recovery position.

BLS INTERVENTION - UNRESPONSIVE

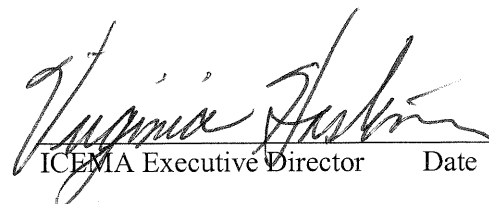
1. Position patient supine (for suspected trauma, maintain in-line axial spinal stabilization).
2. Open airway with head tilt-chin lift (for suspected trauma use jaw thrust). Remove object if visible. Assess for presence/effectiveness of respirations for no more than 10 seconds.
3. If apneic, attempt 2 ventilations with bag-valve mask. If no chest rise, reposition airway and reattempt.
4. If apneic and able to ventilate, provide 1 breath every 5 to 6 seconds.
5. If unable to ventilate, initiate CPR according to AHA 2005 guidelines and check for pulse every 2 minutes until obstruction is relieved or able to ventilate.
6. If available, place AED per Protocol Reference #6301 AED.

ALS INTERVENTION – UNRESPONSIVE

1. If apneic, and able to ventilate, establish advanced airway.
2. If obstruction persists, visualize with laryngoscope and remove visible foreign body with Magill forceps and attempt to ventilate.
3. If obstruction persists and unable to ventilate, consider Needle Cricothyrotomy per Protocol Reference #4030 Needle Cricothyrotomy.

APPROVED


ICEMA Interim Medical Director 8/28/06
Date


ICEMA Executive Director 8/28/06
Date